•									Application or Docket Number			
PATENT APPLICATION FEE DETERMINATION RECO Effective October 1, 2000									991	60	344	33
CLAIMS AS FILED - PART I (Column 1) (Column 2)						ımn 2)		SMALL TYPE	ENTITY	OR	OTHER SMALL	
TOTAL CLAIMS								RATE	- ∻FEE∻	当实施	-4-RATE □	
FOR			NUMBER FILED NUM			BER EXTRA		BASIC FE	355.00		BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			14 mir	nus 20=	*	*				OR	2	
INDEPENDENT CLAIMS			A) mi	inus 3 =	*			X40=		7		
ΜÜ	LTIPLE DEPEN	NDENT CLAIM P	RESENT				[OR		
* If the difference in column 1 is less than zero, enter "0" in column 2							' [+135= TOTAL		OR		/
									を見るとの	OR	TOTAL	010
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALI	_ ENTITY	۰OR	OTHER	
A		(Column 1) CLAIMS REMAINING		HIGH	EST	(Column 3)	i T		ADDI-	`		ADDI-
N N	30	AFTER AMENDMENT		NUMI PREVIO PAID	OUSLY	PRESENT EXTRA		RATE			RATE	TIONAL FEE
AMENDMENT A	Total	*	Minus	**	FUR	=		X\$ 9=	* SFLL	OR	X\$18=	
MEN	Independent		Minus .	***		= 1000		X40=			X80=	1024
A	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM		╽╶┠		A 157 (47.4) A 25次 (42)	OR		
								`∓135 <u>=</u>	(A) 1 (A)	OR	+270= -	
						Α	TOTA DDIT. FE		OR	TOTAL ADDIT FEE	一方的	
						(Column 3)	nn 3)			· · · · · · · · · · · · · · · · · · ·		多级数
В		CLAIMS REMAINING		NUM	BER	PRESENT		RATE	ADDI- TIONAL	· 李野	DATE	ADDI-
OMENT		AFTER AMENDMENT		PREVIC PAID		EXTRA		HAIC	FEE		RATE	TIONAL FEE
NON	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
AMEN	Independent	*	Minus	***		= .		X40=	1.7. J. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2. 1.2.	OR,	-∠X80=	
	FIRST PRESENTATION OF MULTIPLE DEPE			'ENDENT	DENT CLAIM					1000 (1000)		
							L	+135=		OR	+270=	
								TOTAI DDIT. FE	Ē	OR	ADDIT FEE	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
_	(Column 1) (Column 2) (Column 2) (Column 2) (Column 2)					(Column 3)	1	, , ,				
2		REMAINING AFTER		NUME PREVIC	BER	PRESENT	I	RATE	ADDI- TIONAL	1. 2. is a	RATE	ADDI- TIONAL
VEN.		AMENDMENT		PAID		EXTRA		TAIL	FEE		HAIL	FEE
AMENDMENT C	Total	*	Minus	**		=]	X\$ 9=	17	ÓR*	×X\$18=	
AME	Independent	*	Minus	***		= .]	X40=		OR	X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├					4 1 4 5 6 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
• ¡	if the entry in colu	mn 1 is less than th	L	+135=	* . *. •	OR	-+270=					
"" If the "Highest Nilmber Provincely Paid For" IN THIS SPACE is lose than 20 Antor "20 "											TOTAL ADDIT FEE	
		nber Previously Pai					er four	nd in the a	ppropriate bo	x in co	umn 1.	**************************************